



Congressman Joaquin Castro
Representing the 20th Congressional District of Texas

Service Academy Nomination Application Packet

Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by U.S. Representative Joaquin Castro, his staff, his Service Academy Review Board, the Academy Admission Office, and the media.

Packet Checklist and Requirements

Nomination Application information for any U.S. Service Academy entering Fall 2021

*All required information must be provided to my District Office by **6:00 PM on November 16, 2020**:*

The Honorable Joaquin Castro
Attn: Austin Martinez
727 E Cesar E. Chavez Blvd., Suite B-124
San Antonio, Texas 78206

Checklist:

1. Application Form
2. Official high school transcript with ranking and college transcript (if applicable)
3. Three signed letters of personal recommendation from your teacher, counselor, coach, or clergy. Your letter of recommendation must be from someone who can describe your achievements and skills but may not be from a family member. Letters will be subject to verification.
4. A **one page** essay describing why you would like to attend a Service Academy
5. Resume outlining your extracurricular activities (no more than 2 pages in length).
6. Two recent wallet sized (2 ½" by 3 ½") headshot photographs in professional attire.
7. Latest SAT/ACT scores sent directly by the College Board. If you indicate code number **6240** on your SAT test and code number **7701** on your ACT test, the College Board will forward the scores directly to Congressman Castro's office. Please note that copies of your official scores and scores printed on high school transcripts are also acceptable.

Please submit the entire packet all at once. Once your packet has been reviewed and deemed complete, you will receive written confirmation by mail.

To receive a nomination to an academy, you must have an open admission file at the academy of your choice prior to submitting your packet to Congressman Castro's office. You must start an admission file at each academy in which you are interested in attending. If you have not done so, the websites provided below will guide you through the process of completing the preliminary application online.

U.S. Military Academy (USMA) at West Point
<http://www.westpoint.edu/admissions/SitePages/Home.aspx>

U.S. Air Force Academy (USAFA)
<http://www.academyadmissions.com/>

U.S. Naval Academy (USNA)
<http://www.usna.edu/Admissions/>

U.S. Merchant Marine Academy (USMMA)
<http://www.usmma.edu/admissions>

If you have any questions, please do not hesitate to contact Austin Martinez, of my District Office staff. He may be reached at (210) 348-8216 or via email at Austin.Martinez@mail.house.gov.

Please **print clearly or type** the following information:

I. APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____

SOCIAL SECURITY NUMBER: _____ GENDER: [] MALE [] FEMALE DATE OF BIRTH: _____

CURRENT LEGAL ADDRESS: _____
(STREET NUMBER AND NAME)

(CITY) (STATE) (ZIP CODE) (COUNTY)

MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS)

(CITY) (STATE) (ZIP CODE) (COUNTY)

HOME TELEPHONE NUMBER: (____) _____-_____ CELL PHONE NUMBER: (____) _____-_____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ PHONE NUMBER: (____) _____-_____

MOTHER'S NAME: _____ PHONE NUMBER: (____) _____-_____

LEGAL GUARDIAN (IF APPLICABLE): _____ PHONE NUMBER: (____) _____-_____

ARE YOU A RESIDENT OF THE 20TH CONGRESSIONAL DISTRICT OF TEXAS? [] YES [] NO

ARE YOU A UNITED STATES CITIZEN? [] YES [] NO

IF YOU ANSWERED "NO," WILL YOU BE A UNITED STATES CITIZEN AT THE TIME OF YOUR ENROLLMENT? [] YES [] NO

ETHNICITY (OPTIONAL ONLY FOR STATISTICAL PURPOSES):

- | | |
|---|--|
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN (NON-HISPANIC) | <input type="checkbox"/> TWO OR MORE ETHNICITIES |
| <input type="checkbox"/> HISPANIC OR LATINO | <input type="checkbox"/> OTHER |

II. ACADEMY PREFERENCE

PLEASE RANK EACH OF THE ACADEMIES OF YOUR CHOICE IN ORDER OF PREFERENCE FOR ATTENDANCE, WITH 1 BEING YOUR FIRST CHOICE AND 4 BEING YOUR LAST. **RANK ONLY THE ACAMEDIES TO WHICH YOU ARE APPLYING.** YOU MAY LEAVE ONE OR MORE OF THE ACADEMIES BLANK.

USFA _____ USMA (WEST POINT) _____ USNA _____ USMMA _____

ARE YOU SEEKING A NOMINATION FROM ANY OTHER SOURCE: [] YES [] NO

VICE PRESIDENT _____ SEN. CRUZ _____ SEN. CORNYN _____ OTHER _____

HAVE YOU BEEN CONTACTED DIRECTLY BY AN ACADEMY? [] YES [] NO

IF YOU ANSWERED "YES," WHICH ACADEMY? _____ NAME OF CONTACT PERSON: _____

HAVE YOU EVER SERVED IN THE MILITARY IN ANY CAPACITY? [] YES [] NO

IF YOU ANSWERED "YES," WHAT IS THE HIGHEST RANK YOU HELD? _____

HAS EITHER PARENT SERVED IN THE MILITARY? [] YES [] NO

IF YOU ANSWERED "YES," STATE BRANCH OF SERVICE AND RANK: _____

HAVE YOU ATTENDED AN ACADEMY SUMMER SEMINAR? [] YES [] NO

IF YOU ANSWERED "YES," WHICH ACADEMY LEADERSHIP SEMINAR(S) DID YOU ATTEND? _____

ARE YOU CURRENTLY PARTICIPATING IN ANY OF THE FOLLOWING?

JROTC _____ BOY SCOUTS/EAGLE SCOUTS/GOLD AWARD _____ MISSION FIELD _____ CIVIL AIR PATROL _____

NATIONAL HONOR SOCIETY _____ ACADEMY PREPARATORY SCHOOL _____

III. ACADEMIC QUALIFICATIONS

HIGH SCHOOL: _____

(SCHOOL ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

() - _____

(SCHOOL PHONE NUMBER)

(COUNSELOR'S NAME)

EXPECTED DATE OF GRADUATION: ____/____/____

HIGH SCHOOL GPA: _____

PLEASE HAVE YOUR COUNSELOR CONVERT THIS TO THE 4.0 SCALE

HIGH SCHOOL CLASS RANK _____ OUT OF _____ CLASS SIZE

SAT SCORES: READING _____ MATH _____ WRITING _____ COMPOSITE _____

ACT SCORES: ENGLISH _____ MATH _____ READING _____ SCIENCE _____ COMPOSITE _____

ARE YOU SCHEDULED TO RE-TAKE ANY OF YOUR TESTS? [] YES [] NO

IF YOU ANSWERED "YES," WHEN: _____

IV. ESSAY

IN A ONE PAGE ESSAY, EXPLAIN WHY YOU WANT TO ATTEND A SERVICE ACADEMY.

V. PRIVACY STATEMENT

I HAVE READ THE PRIVACY ACT STATEMENT. THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ADDITION TO THIS APPLICATION, I AM ALSO REQUIRED TO SUBMIT ALL OF THE ITEMS ON THE APPLICATION CHECK-LIST. I FURTHER UNDERSTAND THAT REPRESENTATIVE CASTRO'S DISTRICT OFFICE MUST BE IN RECEIPT OF ALL APPLICATION MATERIALS NO LATER THAN **6:00 PM ON OCTOBER 23, 2020.**

SIGNATURE: _____

DATE: _____